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## A Cerebral Abscess, Resulting from Chronic Suppuration of the Middle Ear, with Autopsy.

Read before the Topeka Academy of Medicine and Surgery, September 6, 1892,

BY

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Thos. H. Foster, age twenty-one, Englishman, lamp-trimmer of the Edison electric lights, came to our office August 1, 1892, with a discharge from his right ear and complaining of vertigo. On attempting to remove a polypus from the ear he fainted away, remaining unconscious for several moments. Examination of the canal showed a polypoid mass in the middle ear. On account of the sensibility of the canal and the dizziness ensuing on attempted removal, they were left alone. He was sent home and told to quit his work. During the last few days he said he had several attacks of vertigo, compelling him to keep his hand on the railing while he went from light to light. He would descend from a lamp feeling so dizzy and lightheaded that he would catch hold of some stationary object until he could regain his equilibrium, then make a quick start in a direct line for the next lamp before he had time to get dizzy. On several occasions he came near falling into the cellar-ways. The next day, after seeing him in the office, Dr. Minney visited him in his home and succeeded in removing a small portion of a polypus and producing free hemorrhage; this gave him some relief. The family were directed to douche the ear with very hot water, from one-half to a quart, as hot as he would endure at frequent intervals. I visited him regularly for the next few days. On August 7th he became nauseated, and vomited and could not retain his food. Temperature, 100° F. Complained of severe frontal headache, with occasional occipital pains. Prescribed magnesia sulph. and two-grain doses of quinia every three hours. Visiting him again in the evening, found his nausea and vomiting relieved, and able to retain his food. Temperature, 99° F. His pain in the occipital region passed away for the present. There was at no time any tenderness over the mastoid or about the ear, except over a gland which enlarged, directly below the tragus, just behind the angle of the jaw. This remained for a few days, then disappeared, leaving no tenderness. His right eye gave him considerable pain at times and lachrymated. From August 7th to August 19th he had a varying temperature, ranging from 99° in the morning to 101.5° to 102° F. in the evening. The quinine was continued, and when crowded his temperature abated. On the morning of the 15th found he had passed a restless night. Succeeded in removing a large polypoid mass from the middle ear. The next four nights he rested better. When he had an elevation of temperature, amounting to two degrees, he would pass a restless night. On Friday morning, August 19th, I found he had had another bad night. Pulse, 48 and intermitting; temperature, 97°. Heretofore pulse had not been less than 60°. Breath very offensive, which had gradually been growing more fetid for the past few days. Still no tenderness over the mastoid or anywhere about the ear, but the discharge from the canal, which had been rather free, had almost ceased. We decided now to trephine in the hope of giving some relief, hoping that at least better drainage might be established. It was noticeable all along that when his ear run freely, he was better; when the discharge checked, he was worse. Assisted by Drs. Bradley and Minney, we

trephined the mastoid Friday, August 19th, 1 P. M., to the depth of three-fourths of an inch, opening into the mastoid cells, but found nothing. Ether was the anæsthetic used. Saturday, A. M., pulse, 60; temperature normal. Frontal headache less. Discharge from canal more copious. August 21st I called at 4 P. M. Found him suffering with terrific frontal pains and also in the occipital region. Discharge from the ear almost stopped. When the ear was douched, as well as the opening in the mastoid, it brought on his headache. It was decided to deepen the opening in the mastoid, which was done under ether this day, August 21st. Before narcosis was reached, he stopped breathing, while his pulse was full and regular. It was with considerable difficulty that respiration could be established. The second operation was with the assistance of Drs. Bradley, Minney and Frankenburger. The former opening in the mastoid, made two days before, was deepened on through the cells into the bottom of the middle ear, establishing connection with the external canal. No pus was found in the cells as yet. It was suggested that he be given the potassa iodidum, which was done, giving him fifteen grains in a milk junket every eight hours. After the first and second operations his pulse came up to 60°, full and strong, with no intermission. Temperature normal. The canal and artificial opening in the mastoid discharged quite freely a very offensive pus. Tuesday morning, August 23d, was called at 5 A. M., he having had another restless night. On leaving him the evening before thought he was a little improved. He complained of such terrible pains in the back of his head, he was given one-eighth grain morphia which relieved his pain. At no time was it necessary to give more. Small doses of morphine gave him prompt relief. His left side was now paralyzed. He appeared more stupid. The iodide was withheld. When food was given, was unable to swallow it. The mind wandered. No movements from his bowels even with injections. Urine drawn by the catheter. The next morning, August 24th, he called me by name and asked me to dress his ear. This was at 9 A. M. At 1 P. M. his pulse was 120, and breathing very heavy. Called at 4 P. M. Found him in a comatose condition and died in a few minutes later. His respiration was the first to cease, the pulse continuing two to three minutes. Up to Tuesday morning he took his nourishment nicely, which consisted of milk and cream with beef juice, alternated every two hours during the day, and if resting at night he was not disturbed. Small quantity of whisky every three to four hours. He had rigors come over him occasionally during his whole illness. His feet were hard to keep warm most of the time.

At the request of his family an autopsy was made five hours after death. Present: Drs. Bradley and Minney, and some of the relatives. On opening the calvarium the meninges was deeply congested, showing evidences of meningitis and pacchy-meningitis. On the anterior surface of the petrous portion of the right temporal bone, just above the portion occupied by the labyrinth, about one inch from the outer wall of the skull, was a necrosed area the size of a five-cent piece. Rubbing the finger over this spot we got an odor exactly similar to his breath and that of the discharge which came from his ear. The portion of brain with the membranes, overlying this necrosed area, were black in color as you see (passed around.) On puncturing this blackened spot, there issued a creamy pus, the odor similar to that which had been running from the ear, and a quantity variously estimated from six to eight ounces. The necrosed area of bone lay directly above the cavity of the middle ear. The abscess appeared to be an extension of the middle ear trouble. The odor of his breath evidently came from the absorption of the pus by the meningeal veins, carried to the lungs and there eliminated.

PREVIOUS HISTORY.

The family state that when the deceased was about five years of age he fell on his head from a high gate, from which he lay unconscious for twenty-four hours.

Dr. J. W. Donaldson of this city treated

him for suppurative otitis of this same ear four years ago.

Dr. Minney and myself treated this same ear eighteen months ago, removing some polypi, and endeavored to stop a discharge which was then profuse and offensive. He quit coming; said that he was entirely well, although we were satisfied he was not. During this time he continued his work. A few weeks prior to his last illness he said he had an attack of malarial fever, from which he was recovering when he came to our office in August.

## Epithelioma and Its Treatment.

Read before the Golden Belt and East Kansas Medical Societies at Topeka, April, 1892.

By P. DAUGHERTY, M.D., Junction City, Kas.

*Mr. President and Gentlemen of the Golden Belt Medical Society.*—When our worthy president wrote me some four weeks ago, asking me to read a paper at this meeting, I felt like declining for two reasons: First, I thought my name was appearing rather often upon the program of the Golden Belt; and second, I was at a loss for a subject. About this time my attention was called to a communication in one of our city papers on carcinoma, in which the writer displayed a lamentable want of information, coupled with a desire for a little free advertising among our people. This suggested to me the title of this paper.

What is epithelioma, or carcinoma if you prefer? All carcinomas are now believed to be of epithelial origin, whether situated upon the skin, mucous membranes, or in the mammary or other glands. There is no longer any real distinction between epithelial and endothelial cells; both are formed from the same embrionic tissue.

Thiersch and Waldeyer first taught that carcinoma was of epithelial origin, and these views have been adopted by a great number of the leading German pathologists, among whom are Billroth, Klebs and Ziegler.

I am well aware that there are a number of pathologists who believe that carcinoma can originate from any tissue, and that normal epithelium can come from connective tissue. Prof. Senn has shown this to be unphilosophical, and contends for a "universal law of legitimate succession of cells, according to which the reparative processes are initiated and completed by homologous cell proliferation."

An epithelioma then is a tumor, alveolar in structure, the alveote of which are composed of a fibrillated, modified connective tissue, and packed full of modified epithelial or endothelial cells. These cells have a capacity for unlimited growth and a tendency to invade and destroy adjacent structures, and to reproduce themselves in distant organs.

Prof. Councilman, of Baltimore, tells us that this tendency to unlimited growth is inherent in normal epithelium, and is only held in check by the resistance of the surrounding tissues. The better nourished the tissues are the greater the physiological resistance and the less danger from epithelioma. This will account for the greater frequency of this disease in old age, when the physiological resistance of the tissues become impaired.

Some late investigators have discovered a micro-organism, supposed to be pathogenic, in malignant growths. We can readily understand how a pathogenic micro-organism or their ptomaines might convert a simple sore into an epithelioma by impairing the physiological resistance of the tissues and stimulating cell proliferation. Future investigations along this line may throw more light upon the etiology of epithelioma.

The importance of heredity in carcinoma, I am quite certain, has been greatly overestimated. Epithelioma is a disease of adult life and old age. It is exceedingly rare under twenty. It occurs almost exclusively between the ages of thirty and seventy.

Authors are now pretty well agreed on the proposition that epithelioma is in the beginning always a local disease, making its appearance in cracks or abrasions, or upon scars, papillomas or traumatisms of the mucous membrane. One of the great

sources of carcinoma uteri is in the traumatisms about the os, resulting from childbirth. Emmet says he never knew a woman to have epithelioma of the uterus unless she had at some time been pregnant. This is probably putting it a little strong, but I do not believe we ever have primary carcinoma of the uterus in the virgin without first having erosions, granulations or ulceration of the parts. The great majority of women with epithelioma of the mamma have borne children, had cracked niples, mastitis, bruised breasts, etc. With the minority badly-fitting corsets with the various injuries and irritations that the breasts are subjects to are sufficient to account for the disease here.

It is illogical to claim that epithelioma is hereditary. A predisposition to diseased action may be inherited. It is reasonable to suppose that children inherit the peculiar characteristics existing in the tissues of their parents, and that the epithelium in the child is prone to respond to the action of irritants, and to take on a typical growth in a like manner as in the parent under similar conditions. In other words, the child inherits an epithelium with a strong tendency to unlimited growth, and adjacent tissues with very weak physiological resistance. In epithelioma of the lip we find local irritants playing the same important role in its etiology. The pipe comes first with the inveterate smoker, chewing of tooth-picks, abrasions from bad teeth and eczema of the lip. In all these cases it is the lower lip that suffers, and it is the lower lip that the epithelioma attacks.

Prof. Wyeth says: "Prolonged irritation is undoubtedly the chief exciting cause of the development of this neoplasm." Warts, moles and papules of eczema upon the face or other exposed parts, where they are continually irritated by scratching or friction from any cause, are likely to develop into epithelioma.

Virchow holds firmly to the belief in the local origin of carcinoma, and that the discrasin is a secondary result.

Dr. Shrady says carcinoma is essentially a local disease and can be cured by operation in spite of recurrence.

Prof. Samuel W. Gross says: "Carcinoma is now held to be primarily a local growth by all leading pathologists with the probable solitary exception of Sir James Paget, and the day has passed for the physician to declare that a tumor was not a cancer because it did not recur after removal. These truths cannot be too forcibly or too frequently impressed upon the laity and the family attendant; and the sooner women learn that the disease can be cured by early and adequate operation, the better it will be for their sex and the greater will be the credit accruing to our art." (He is here speaking of carcinoma of the mamma.) Carcinoma being a local disease in the beginning, what should our treatment be?

It does seem to me that there should be but one answer to this question and that is complete removal of the growth, together with all diseased lymph vessels and glands, by the knife of the surgeon. It is unnecessary for me to speak of the various cancer plasters that have been used in this disease. They are the stock in trade of the advertising quacks and charlatans that disgrace our profession. They are painful and inefficient to remove all the growth together with the diseased lymph channels and glands. The wound they make is long in healing, and leaves a large and often corrigated and tender cicatrix, prone to again take on diseased action.

In all cases where the disease has progressed to that point where operation is out of the question, the curette or sharp spoon will accomplish all that your plaster can possibly accomplish, and with less pain to your patient. Make your operation a radical one, it matters not where the growth is situated. If upon the cervix uteri, and it is discovered before the lymph channels become infected, you may cure your patient by the high amputation of the neck of the uterus; but if you are in doubt as to how far the tissues are infected, remove the entire organ. If upon the breast, remove the entire organ and open up the axilla and search for enlarged glands, removing them when found. If upon the lip, do not be saving of

tissue. I lost case No. 2 by trying to save tissue in my operation.

Now, I wish to call your attention to the communication spoken of in the beginning of this paper. The author says: "Cutting in cancer is of no permanent use, does not effect a cure, lasts only for a time, for most cases of cancer, after having been excised, reappear in two years, and nearly all of them in seven years. In fact, where cancers have been excised by the knife, they *always* come again. Cutting only aggravates the mischief. From statistics of operations upon cancer by the knife, collected for several centuries at St. Thomas' hospital, I learned, when a student of that institution, that it is far better to let the knife alone in these cases; and therefore I have always employed other means in the treatment of such cases." This man was at St. Thomas' about thirty-eight or forty years ago.

"Statistics of operations upon cancer, gathered for several centuries prior to that time, are worth about as much to-day as a last year's bird's-nest. But this man has never learned to unlearn anything. He sits down content with the knowledge obtained at St. Thomas' forty years ago. He fell asleep when he left there and at the end of forty years he awakes to inform the citizens of our town that in carcinoma "cutting only aggravates the mischief," and that "they *always* come again."

For the benefit of the Rip Van Winkles' of the profession, I will report the following cases of epithelioma that I have kept brief notes of:

CASE I. J. Elwood, age forty-five; farmer. Epithelioma of lower lip. Duration of disease, nine months. Operation, April, 1878. Removed about one-half of lip. Remains well to this day.

CASE II. Peter Sandstoe, age thirty; Swede; farmer. Epithelioma of lower lip; six months' duration. Operated December 20, 1880. Disease returned in one year. He went to Chicago and was operated on by Dr. Andrews. The disease returned again in about one year, and he finally died from the effects of the disease in the winter of 1886.

CASE III. John Irvin, aged sixty-three; farmer. Epithelioma of face over malar bone. Duration, one year. Operated March 29, 1886. Died two years after operation of malarial fever. No return of the epithelioma.

CASE IV. Wm. L. Comer, age thirty-five; laborer. Epithelioma of lower lip of eight months' duration. Operated July 12, 1887. In this case I removed the entire lip. No recurrence.

CASE V. Thomas Tracy, age seventy; farmer. Epithelioma of face over malar bone. Operated August 3, 1888. No return of the growth.

Of these five cases, three of them remain well to date. One died of fever two years after operation with no indications of a return of the disease, and one had recurrence of the trouble. In this case I believe it was my fault. I was too saving of tissue, lest I should spoil his beauty.

The object I have in view in presenting this paper is to call attention to the fact that the leading pathologist of to-day has abandoned the old theory that carcinoma is an inherited constitutional malady; but that in the beginning it is always a local disease, having its origin in local causes; and that early and radical operation, removing every vestige of the growth, just as effectually cures the disease as a papilloma is cured by removal.

In conclusion let me remind you that it is a duty you owe to suffering humanity to insist on an early and radical operation in all cases of carcinoma as the only effectual means of curing the disease, the Rip Van Winkles' of the profession to the contrary notwithstanding.

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TURPENTINE oil has been found to be a powerful deodorant of iodoform, particularly serviceable in removing the odor of that drug from the hands, spatulas, mortars, etc. Wash with a little of the oil, and, half a minute later, with ordinary soap.—*Merck's Bulletin.*

## Quacks and Quackery.

Read before the East District Medical Society at Topeka, July, 1892,

BY

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The physician and sanitarian who points out the oft-times carefully-concealed and hydra-headed sources of disease and the methods necessary to preserve health and prolong life, usually finds condemnation his only reward. Especially bitter is the denunciation when he attempts to expose the iniquities of those who, with spacious premises, steal into the home in the guise of friendship and humanity, and whose artful villainy is too often unsuspected until it has destroyed all hope of health and life.

The offensive garbage-heap, the nasty cess-pool and the noisome vault all warn the senses of their danger, but how shall the unsuspecting and those ignorant of the science of medicine distinguish the quack and quackery?

They always assume to be what they are not, and to do what they cannot. When the quack has sense enough to keep his mouth closed, he may deceive the very elect, but he usually speaks much and is always wrong, and while his vain babblings quickly betray him to those acquainted with his arts, with the ignorant they are often the seeming evidences of wisdom. As he is wholly mercinary, he has no regard for the bounds of honorable or legitimate practice. He may muster with any school, but is ill at ease with one that stands for education and whose *esprit du corps* stimulates its members to keep step with progress and to bring proof of progress by contributions through medical societies and journals to the general fund of knowledge.

In regular medicine the genus is largely confined to a single class—the young man who knows it all without ever having made a discovery, and the old man who having known it all in his youth has never found anything to learn, and, not having kept step with progress, knows even less than his youthful brother. The young quack of this class sneers at those from whom he has learned what little he knows, while the old one looks with contempt upon advancing youth. Both pity the ignorance of their professional brethren, and as neither feels any occasion for the midnight oil, they spend their time in unprofessional society, airing their little spark of knowledge and seeking practice by all sorts of junketing and political demagoguery.

Then there are those who make medicine a trade, affiliate with anybody, practice anything for the money there is in it, and deprecate and apologize for all exposures of quackery. And there are those in all schools who advertise one way and another, as Ego Bombasticus Physicus, M.D., (the M.D., whatever it signifies, whether obtained after a single year at college or bought without having seen the college, being especially prominent,) gynecologist and obstetrician, ophthalmologist and otologist, makes all branches of surgery a specialty, etc., or perhaps he advertises but one specialty, but takes care to say to those who consult him that he attends his friends no matter what their trouble, or perhaps only manages to have himself *reported* in the daily press. And then there is the other fellow who swings his little satchel on all occasions, rides night and day, and finds no time to eat or sleep (so he says) and of course needs none to think, but tells his patient at sight that he has aortic stenosis, homonemous hemianopsia or anisometropia, or perhaps only Mootoo-Swamy's casteria esculenta or malaria. And there is still the other fellow who, especially if called in consultation, takes care to tell the patient, aside, that he was called just in time to save his life. Then there are families of quacks who, like individuals, assume to possess a knowledge not obtained by others, who bar progress by adopting special names and formulating their supposed knowledge into creeds, as the homeopathic, eclectic and other so-called schools of medicine. Examine any one of these and see if it does not conform to one definition—

one who professes to be what he is not and to do what he cannot.

The only honest method of judging the belief of a church is by its creed, of a party by its platform, of a so-called school in medicine by the dogmas of its founder. Let us look for a moment at the Organon of Samuel Hahnnemann, the founder of homeopathy—the organ or creed of his school. If any of his followers believe it, well. There is no accounting for mental aberations. If they profess to believe it and do not, more anon. The Organon says, page 56: "It is a fundamental, universal and infallible law that in every case the cure of disease lies in giving a medicine which can produce an affection similar to that sought to be cured." And on page 153: "*It is the sole therapeutic law.*"

Homeopathy recognizes but one cause of disease. "The thousand-headed monster of disease does, after the completion of the internal affections of the whole organism, announce itself by a peculiar eruption, some times containing only a few vesicles, accompanied by intolerable, voluptuous itching and a peculiar odor. The psora (itch) is the only real, fundamental cause and producer of all the other numerous, I may say innumerable, causes of disease. Hysteria, mania, epilepsy, convulsions of all sorts, softening of the bones, cancer, gout, jaundice, cyanosis, dropsy, amenorrhœa, hemorrhage from the stomach, lungs, nose, bladder and womb, barrenness, deafness, cataract, urinary calculus, paralysis and pains of a thousand kinds, etc., that figure in systematic works on pathology as peculiar and independent diseases." (*Organon*, page 113.) On page 315 he gives directions for the spiritualization and attenuation of homeopathic medicines. "Two drops of fresh vegetable juice of the drug, whatever it may be, mingled with equal parts of alcohol, are diluted with ninety-eight parts of alcohol and potentized by means of two successions whereby the first development of power is formed, and this process is repeated through twenty-nine more vials, each of which contain ninety-nine drops of alcohol, and each succeeding vial is to be provided with one drop from the preceding vial (which has already been shaken twice) and is in its turn shaken in the same manner. At last the thirtieth development of power, (potentized decillionth dilution,) which is the one most generally used. The homeopathic medicine becomes potentized by every division and diminution, trituration and succussion, a development of the inherent powers of medical substances which was never dreamed of before my time," (perhaps because, excepting Emanuel Swedenborg, there never was such a dreamer,) "and which is of so powerful a character that of late years I have been compelled, by convincing experience, to reduce the *ten* successions formerly given after each attenuation to *two*."

"There are homeopaths who carry about with them on their visits to their patients homeopathic remedies in a fluid state, and yet assert they do not thereby become highly potentized. They thereby show their want of ability to observe correctly." (Page 316.)

"A medicine of a positive and curative kind will without any fault in itself produce just the contrary of that which it ought to do, if given in excessive quantity, by producing a greater disease than that present. The very smallest dose, I repeat, for it holds good, as a homeopathic therapeutic maxim, not to be refuted by any experience in the world, that the least dose of the properly-selected remedy is always the *very smallest* one in one of the high dynamizations (tenth or thirtieth dilution) as well for chronic as for acute disease, a truth which is the inestimable property of pure homeopathy and which so long as allopathy and the new mongrel system, made up of a mixture of allopathic and homeopathic processes, continue to gnaw like a canker at the life of sick human beings and to ruin them by large doses of drugs, will keep pure homeopathy separated from these spurious arts as by an impassable gulf."

"The suitableness of a medicine for any given case of disease does not depend on its accurate homeopathic selection alone, but likewise on the proper size or *smallness* of the dose."

"If we give too strong a dose of a medi-

cine which may have been quite homeopathically chosen, it must, notwithstanding the inherent beneficial character of its nature, prove injurious by its mere magnitude." (*Organon*, page 321.)

To ascertain the "suitableness" of a medicine — its *similia* — homeopathy has a system of tryings by which a person in health takes a homeopathic dose of any given medicine and all sensations and conditions occurring within a given time are accurately recorded, and such only as produce symptoms similar to those of the disease about to be treated are suitable. Thus we are told (*Organon*, page 113): "The totality of the symptoms are the principal — the sole means whereby the disease can make known what remedy it requires — the only thing that can determine the choice of the appropriate remedy." Thus symptomatology and a system of "tryings" would seem to embrace their entire system of medicine.

If we turn to a record of these symptoms, as found in standard homeopathic works, we find, as in *Jahe's Manual of Homeopathic Medicines*, six pages devoted to the symptoms produced by *natrum muriaticum* (common salt), and an equal number to *colcaria carbonica*, and that these symptoms cover almost the entire range of disease, and the author tells us these medicines should usually be employed in the twentieth or thirtieth dilution. As these agents are found in every degree of attenuation and dynamization in all the food we eat and all the water we drink, must we not rationally conclude that man is constantly taking all that is necessary to prevent or cure disease, and that hence the medication of those who accept such vagaries must be perfunctionary?

To all this we are well aware that the homeopath of to-day would answer: Hahnemann lived 100 years ago, and no one in the last decade of the nineteenth century pretends to believe or practice his vagaries. Why then adhere to the name and march under his banner? Are not those who assume to be what they are not and to do what they do not, quacks? The courts have decided that those who profess to practice homeopathy and do not are actionable, a decision in harmony with moral sense. Be honest. Say what you mean and mean what you say. But while the modern homeopaths may give you such answer, their medical journals give for the public ear another sound. Thus in an editorial in a late number of the *Homeopathic Envoy* we read: "There should be no schools in medicine. All medicine is founded upon a rock — the law of *similia similibus*. There are but two schools. All practitioners, called, as they may be, allopaths, eclectics, etc., whose practice is founded upon empiricism, constitute the great body of irregulars. While those whose therapeutics are founded upon demonstration are the regulars of the world."

Henry Ward Beecher said "Orthodoxy is topdoxy," and the *Envoy* should know that the attenuated medical tail, dubbed homeopathy, is not equal to wagging the science of medicine.

There may be honest homeopaths, but it would seem that the mind that can believe the vagaries of Hahnemann is fit for an insane asylum. The man who practices or pretends to practice them without believing, and flings to the breeze a banner labeled "Homeopathy" for the purpose of deceiving and catching those ignorant of physiology, pathology and therapeutics, is guilty of the grossest form of quackery. Regular, scientific medicine, having no dogma to sustain, seeks only the relief of the sick and suffering. Having no creed, it is necessarily progressive. While it investigates all the causes of disease and traces back symptoms to the pathological conditions they express, it accepts for their prevention and cure any agent, whether found in "the heavens above, the earth beneath, or the waters under the earth," in any dose that experience, guided by science, dictates; and so the founder of homeopathy need not have said "it is separated from these spurious arts (?) by an impassible gulf." Having thus voluntarily separated itself from regular medicine, whose height and depth and breadth includes all of both the science and art of medicine, what are we to think of those in the regular profession who clamor for affiliation with schools

that by various creeds have separated themselves from its "spurious arts." Can we do other than quote the couplet:

"If self the wavering balance shake
Its rural right adjusted."

Such being the wisdom and attitude of those who by methods and doses and agents, and by credal "pathies" and "isms" have wandered from scientific medicine, what must be said of the yet narrower methods and minds that claim to cure diseases, regardless of complications or idiosyncrasy, with so many doses or so many hopodermic injections of some secret nostrum, formulated or stolen by some medical genius who has probably never attained even the easy honor of M. D., or who has been barred by some state law from practice. Certainly we will never feel surprised at any methods to which the philanthropists engaged in such practice resort to obtain patients and pay for their treatment, whether it be by affixing to their names honors they have never receieved, as Leslie E. Keely, *late surgeon U. S. A.*, (*Memphis Appeal*), by adorning almanacs and the daily press with their photos, or by some pious dodge, such as the offer of gratuitous treatment to God's poor, their presentation at prayer meetings, flanking the Sunday service in the pulpit with an advertisement or appearing in the morning paper with some such notice as—

"The Ladies —— Club will give a lawn festival at —— grounds, the proceeds to go toward obtaining patients and paying for treatment at the —— sure-cure concern, conducted by Dr. X.

"MRS. DR. X., *President.*"

Men with sufficient intelligence and education to comprehend the great secrets of science will never become quacks, for while knowledge does not necessarily fortify against villainy, those who comprehend the laws of life dare not, for the petty consideration they receive from any single case, enter upon a course that shall even negatively cause the death of a patient, and they look with horror on the stupendous fortunes and magnificent palaces often erected over the graves of thousands of human victims. The great men of the profession have never been quacks. "Freely they have received, freely have they given." It is only the narrow schemer, who cannot measure the extent of his debasement, who becomes a medical quack.

The nostrum vender, whose smiles and cheek have paid most largely, financially was denied a certificate by the state board of Illinois. When we look at the bank accounts of the prominent nostrum venders and sure-cure concerns, we wonder, where life and health are the stake, that there are so many of whom it may be said:

"Ye would be dupes and victims, and ye are."

While those who grow rich in other departments of life by various combines and trusts at the expense of the many, only take the purse, and while their victims rarely fail to complain, those of the quacks who take life as well, if they chance to escape death, say nothing of the ninety and nine who fell by the way, but never cease to praise the last nostrum they tried. Like Bishop Birkley they cry: "If I had a voice loud enough, and could ascend a mountain high enough, I would say to all the world '*drink tar water.*'" And they scarce know which to praise the most, the genius who discovered the nostrum or the one who applied it, but rather incline to the latter.

While of the genius quack there are many species, it is some comfort to the honorable and intelligent practitioner to know that very few of them have ever even attended a medical school, and that the regular profession, with rare exceptions, has ever sought to save mankind by exposing their villainies.

We give one or two illustrations of the nostrum vender, and from these we may correctly judge the entire class.

Goldsmith Coffeen once owned a farm near the little village of Blue Ball, Butler county, Ohio, where his chief business was training and trading horses. He had of course many occasions for horse liniments, for which he usually obtained a prescription from his family physician, Dr. Vanderveer, of Midle-

town. One of these prescriptions seeming to possess a wide range of possibilities, with the shrewdness of his craft, he frequently had it refilled and finally advertised the discovery of a wonderful liniment—a certain cure for all cuts, galls, bruises, sprains, etc., in the horse—soon after adding a sure cure for all injuries and diseases, external and internal, and finally it appeared as *Doctor* Goldsmith Coffeen's golden liniment cures all injuries and diseases of both man and beast.

There is here in the city of Topeka an excellent illustration of the whole business of nostrum vending with all its assurance, its ignorance and its unscrupulousness. A short time ago the mails were filled with the advertisement of a remedy for the prevention of conception and child-bearing. Being advised by the department that it was not mailable matter, "The new discovery," "The Antiseptic Safe Capsule Co., 1227 Kansas avenue, Topeka, Kansas," "The efforts of twenty years crowned with success," "The result of a *life-time* of study by one of America's greatest physicians," "$1,000 in American gold for any failure if used as directed," becomes, with the same trademark, "The pink of perfection," "The Antiseptic Chemical Company, 607 Buchanan street, Topeka, Kansas." Interrogating this address we find on the horse block the very suggestive name Booge (Bougie) and naturally infer that this "greatest of American physicians" is Dr. Boo—ge, "the pink of perfection," hitherto known to fame as the proprietor of the paper addition to the city of Topeka, called "Chicago Heights," and the speculator who it is said to keep from being planted himself planted in Old Mexico the profits from his paper town. Knowing this much, we are not surprised to read in his circulars: "Firstly, in case these capsules are used by a woman who is not troubled by what is known as 'female weakness,' their effect is just pleasantly noticeable. They can be used for their mildly exhilarating influence and for other purposes as often as anyone desires. Upon their other properties and what they will do, it is not necessary to dilate. Let it suffice to say there is no known medicine in the pharmacopœa that will do what this will do.

"Take one of the large and one of the small capsules; when necessary, insert high up in the vagina. In eight or ten minutes they will disintegrate and a gas be formed which will be noticeable by little globules passing down and escaping and an increase of warmth. From that time for thirty minutes anyone is perfectly safe in performing *any duties* they please. Follow the directions as often between the menstrual periods as the necessities of the case demand, and there need be no anxieties about irregularities.

"In the position we occupy toward the public we cannot pause until we have called the attention of our patrons to the evils of an injudicious use of the capsules. Beware! No little feet will run, no tender arms will out-stretch if the capsules are used injudiciously; that is, if used as directed for lecorrhœa, for a period of thirty to forty minutes; afterward they absolutely kill the life-giving principle precipitated at that time. We call attention to this so that the evil may be avoided by abstaining at that time."

We have quoted this much from these circulars by way of illustration. Here is a money-getter out of a job who suddenly becomes "the peer of America's greatest physicians"—medical shysters.

In these circulars he refers those to whom they are sent to some honorable physician of their neighborhood, perhaps their family physician, as an endorser, knowing, in his shrewdness, that those who would commit the sin suggested through the use of his nostrum, though assured by the endorsement of their family physician, would never consult him about its use.

We give a sample of the replies of those to whom reference is thus made:

"I never gave the Antiseptic Safe Capsule Company authority to use my name in any way, and such reference is indeed painful to me. ——— ———."

But why continue this report on quacks and quackery which hardly contains any-

thing new to the members of this society. This last reference to "one of America's greatest physicians" is a fitting example of the whole business. For the precuniary consideration of a few dollars he seeks to destroy lives the God of nature created to people the earth, to kill the prospective native-born citizens of the state, or injuring the germ of the life that is to be, to people the world with broken lives, and by tampering with the processes of nature to destroy the health and shorten the life of the mother. The market is glutted with proprietary nostrums, "for the profession only" and otherwise, whose distinguished discoverers and inventors usually christen them with names that have —

"An odd, promiscuous sound,
Which make some think when they do gabble
They hear three laborers of Babel."

Neuro tecton, jo-he, memith, yesoorum, melol, chionia, etc., *ad infinitum*, *ad nauseum*.

The interests of health, life and the state are all set over against every form of quackery. What honorable and intelligent physician will affiliate either with those whose credal walls would bar him out or with their fellows whose single nostrum promises to cure all diseases?

When practitioners of medicine, of whatever school or sect, are willing to throw down the fences with which they have surrounded their scanty grazing, cast aside their assumption of superior wisdom, show forth work's meet for repentance and clothe themselves with honesty and intelligence, there is nothing to hinder their enjoying the green pastures and still waters of the broader, truer life of regular medicine.

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WE print in this issue the report of the Kansas Health Board on the cholera question. We are pleased to see the board taking prompt action, and hope Kansas physicians will be as prompt in carrying out every precautionary measure that may aid in keeping the dreaded scourge out of our state.

## Surgical Applied Anatomy.

Read before the Topeka Academy of Medicine and Surgery September 6, 1892,

BY

D. F. RODGERS, M.D., Topeka,

PROFESSOR OF ANATOMY IN THE KANSAS MEDICAL COLLEGE.

The literature of medicine and surgery is full of cases illustrating the lack of a concise knowledge of applied anatomy, and yet what has been written represents but a tithe of the suffering, pains and deaths due to this cause.

Scan what work you may and you will find case after case recorded, reflecting not so much on the lack of therapeutic skill of members of the profession as upon their lack of ability to properly diagnose morbid conditions or injuries. Upon what does their diagnosis depend? Surely not upon symptoms alone, but back of and beyond this a knowledge of anatomy and physiology. We must know how an organ is constructed and its normal function before we can dare venture an opinion on its abnormal possibilities. We must know the thing itself; knowing this, we can theorize as to its possible function and prove by experiment our theory. A knowledge, then, of applied anatomy presupposes an exact knowledge of anatomy and physiology.

Applied anatomy is not a bundle of tricks and intrigues, wrapped in mystery, handed down to us by the seventh son of a seventh son, but has for its foundation principles that appeal to our reason and challenge our admiration.

If we have a lesion, we study the tissues, the nerve and blood supply in the vicinity of the lesion and their connection with tissues more remote, and the application of the knowledge gained constitutes applied anatomy. In attempting to present cases illustrating the value of this much-neglected branch of medical literature, I shall endeavor to present but a few in the different systems of the body with a few landmarks added.

While other systems present numerous examples of the value of applied anatomy, the

nervous system seems to me to present those most striking and of especial interest.

In a conversation between a noted neurologist and a gentleman no less noted as an anatomist, a discussion arose as to the position of the thumb in paralysis of the ulnar nerve. The specialist had not seen a case of this nature for some time, and remarked that he could not remember what the books said about it. The anatomist said: "Bother the books, the ulnar is paralyzed, and that supplies the abductor pollicis; the median is not, and that controls the abductor pollicis; thererefore the thumb ought, like the proverbial sore one, to stick up."

Thus through his knowledge of anatomy he was able to decide why the thumb should occupy that position. He could reason from cause to effect.

There are certain definite effects which we can almost invariably expect when we consider the distribution of the nerves to a part, and so far as muscles, facia, skin and joints are concerned there is a well-known law that enables us to understand symptoms that without the law would seem unexplainable. It is this: "The same trunks of nerves, whose branches supply the groups of muscles moving a joint, furnish also a distribution of nerves to the skin over the insertions of the same muscles, and the interior of the joint receives its nerves from the same source."

Cases illustrating the value of this fundamental law could be multiplied almost without number in every joint of any magnitude in the body, and I doubt not but every member of this society can recall a case with obscure symptoms about the joint which puzzled him, the obscurity of which would quickly have vanished had he but applied this law. We are all familiar with the pain referred to in the inner side of the knee in hip joint disease, and we commonly dismiss it with the explanation that it is due to the fact that the obturator nerve sends a branch to the hip joint, one to the knee, and a third to the inner side of that joint. True, but this is but one of the symptoms. Let us apply our law. If there be hip disease there is an effort on the part of nature to give rest to the joint by flexion. Before we can flex the thigh on the abdomen to any great extent we must first flex the leg on the thigh. This is accomplished by the action of the sartorius, gracilis and semitendinosis, all inserted into the facia of the inner side of the leg, which is supplied by cutaneous filaments from the anterior crural, obturator and sciatic nerves. Thus we see the same nerves supplying the joint, the insertion of the muscles and the skin over the insertion of the muscles. What other conditions might produce this pain in the inner side of the knee? Any pressure or injury to the obturator nerve within the pelvis, as from disease of the sacro-iliac articulation, psoas abscess, cancer or distention of the colon, obturator, hernia, etc.

There are many other examples of nerve distribution serving as aids to us in diagnosing and properly treating lesions in the various parts of the body, both near and remote from the apparent cause. All of us are familiar with the dry cough which can be traced to having its origin in some affection of the auditory meatus. In these cases the irritation is probably conveyed to the trunk of the vagus by Arnold's nerve, which we should remember has an intimate connection with the vagus. Cases of intractable vomiting have been produced by foreign bodies in the meatus, so disorders of the stomach may produce symptoms referable to the ear. It has been but a few weeks since I had under my care a patient who was suffering from indigestion, who complained of a fullness of the ear. All ear symptoms disappear with appropriate treatment for indigestion.

When we remember that the auriculo-temporal and inferior dental nerves are both branches of the third division of the fifth nerve, we have sufficient explanation of the frequent association of ear-ache with tooth-ache.

An abscess over the occipital region would hardly be suspected as the cause of a wasting of the tongue, and yet a case is reported from such a cause. Fragments of the lower part of the occipital bone were removed and in a short time the tongue regained its

former size. Here pressure on the hypoglossal nerve, which passes through the condyloid foramen, was the cause of the atrophy of the tongue.

There is sometimes seen a fur on one side of the tongue which, when not due to a diseased tooth, is attributed to an injury or pressure on the fifth nerve, inducing morbid nutrition in the gustatory branch.

Another fundamental law in regard to the distribution of nerves is: The same nerves that supply the mucous membrane of a part are also distributed to the skin and associated muscles of that part. Thus if you have an inflamed throat you are constantly swallowing and causing pain. This swallowing is brought about by the irritation in the throat, causing spasm of the muscles supplied by the glosso-pharyngeal and pneumogastric nerves. A patient comes to you who is unable to swallow without choking. Where is the cause? You should know the possible causes, and be able to say it may be from an obstruction absolute, from a foreign body, spasmodic from an irritation of the mucous membrane, or it may be due to pressure or injury to the nerves distributed to the muscles of deglutition. If you have this data from which to reason, your conclusions will no doubt be more satisfactory to yourself and more beneficial to your patient. Stone in the bladder furnishes another example of the truth of this law. The stone produces an irritation of the mucous membrane, the muscular walls contract, the capacity of the bladder is lessened, frequent desire to urinate follows, and in addition you may have retention, or the irritation being kept up, reflex action may induce convulsions or epilepsy.

Well, we say here is a case of epilepsy, caused by stone in the bladder. True, but suppose we have a case of epilepsy and the inquiry is as to its cause, and we will want to know the cause unless we are a fit specialist, consequently unfit to practice.

We should not only know that an irritation of the bladder may cause epilepsy, but we should also know that central nervous disorders, that are possible causes of epilepsy, may have in their train of symptoms irritation of the bladder.

The symptoms that are produced by phimosis may also be cited to illustrate the intimate relationship existing between the nerves of the skin, muscles and mucous membrane.

Having considered briefly some of the applied anatomy of the nervous system, let us pass to the arterial system. It is here we seek to excuse our ignorance of anatomy by saying: Oh, all that is necessary is to cut and tie, without considering for a moment how, when, where and why we cut and tie. We have an aneurism of the carotid, we ligate it towards its distal extremity in preference to ligating its proximal end or its larger branches for anatomical reasons, first, because it is more accessible, and second, because of the free anastomosis of its smaller branches with those from the opposite side. We should remember in the meantime not to approach too close to either extremity.

Again we have a severe hemorrhage from a branch of the external carotid, and we should bear in mind that to ligate the trunk of this vessel is a much safer procedure than to ligate the common carotid. The fatality is less both on account of preventing the lessened supply of blood to the brain and secondary hemorrhage from the free anastomosis.

The vertebral artery has been ligated with passing benefit for epilepsy, and yet it is hardly a commendable procedure, for collateral circulation in the brain soon reestablishes the former condition.

The very free anastomosis existing between the ulnar and radial artery is illustrated in a case where the radial artery was divided in three places with a sharp knife. It would appear that to ligate the proximal and distal ends of the vessel would be sufficient. Five of the divided ends were ligated and the other left to test the matter. When the patient rallied from the fainting, caused by the loss of blood, it became necessary to tie this isolated end on account of copious hemorrhage. So in wounds of the palmar arch we may encounter cases where a liga-

tion of either the ulnar or radial, or both, will fail to check the hemorrhage on account of the anastomosis of the palmar arches with the interosseous vessels through the carpal arches and recurrent and perforating branches. Should we attempt to arrest the hemorrhage by pressure applied to the palm, we will still have to bear in mind that we may produce gangrene.

Over against this condition of affairs where pressure may produce harm, let me cite a case where pressure alone should have been the treatment. A man in running around a table struck the upper and outer side of his thigh against the corner of the table in such a way as to produce a subcutaneous rupture of the external circumflex artery. The extravasation that followed was cut into by the surgeon and after various modes of treatment the patient died of repeated hemorrhages. This patient would have fared better had he had either no surgeon or one who knew when to cut and tie.

It is important to understand the relation arteries have to other structures, for through this knowledge we are enabled not only, as in case of the nerves, to correctly interpret symptoms, but to intelligently treat the case. For instance, the close relationship existing between the popliteal artery, vein and nerve may in case of popliteal aneurism produce œdema due to pressure on the vein or nerve symptoms from pressure on the nerve. The manner of distribution of the arteries about the knee furnishes a reason why counter-irritation on its anterior surface relieves inflammation of the joint. The blood is invited to the surface and the force of the blood current to the joint is lessened, so too counter-irritation over the loins relieves congestion of the kidneys through the free anastomosis of the blood vessels of the viscera with those distributed to the parietes. A case is on record in which, notwithstanding the cœliac axis and mesenteric vessels were plugged, sufficient blood to supply the viscera reached the branches of these arteries through their parietal communications. Many of the veins have a distribution that is of much medical and surgical importance. This is the case even with some of the smaller veins.

The emissary veins, for instance, establishing a communication between the veins on the exterior with those on the interior of the cranium, in many instances have been the cause of inflammatory processes extending to the interior of the skull. This may occur in erysipelas, diffuse suppuration of the scalp, necrosis of the cranial bones and even an apparently insignificant sore on the side of the nose has been the cause of death by a thrombus passing through a branch of the facial vein, through the orbit and into the sinus, and by degeneration causing abscess and death. These veins gain access to the interior through the mastoid, parietal, posterior condyloid, oval and lacerum foramens and carotid canal.

The relation of the median-basilic vein to the internal cutaneous nerve is important to remember in venesection at the bend of the elbow, as an injury to this nerve is now thought to be the cause of "bent arm," occurring after this procedure, and not an injury to the facia as was once supposed.

Air entering the veins has been the cause of death in numerous instances, and it is of importance for us to know in what localities this accident is frought with most danger, why and how to prevent it. The veins of the neck and axilla are most liable to this accident principally on account of their blood current being influenced by the act of respiration; secondarily, on account of the traction made on them by the surrounding tissues tending to keep their cut ends open. Their ends being open, inspiration tends to empty the vessel, and air rushes in. In operations, then, in these localities, the veins should be cut between ligatures or compressed. Chloroform too is the preferable anæsthetic, other things being equal on account of the interference with respiration caused by ether. Deaths from air entering the veins are not as frequent as before the introduction of anæsthetics, still there is sufficient danger to give it at least a passing thought.

There are many organs and tissues about the body which have important anatomical

relations and structure which are of interest from a surgical point of view of which I should like to speak at length, but the limits of my paper will only admit of the consideration of a few.

Even the fascia and sheaths of tendons have an importance that may make or mar the reputation of a surgeon. Investing and compressing the muscles of the body, the fascia hinders the distention of inflamed structures, causing pain and leads the products of inflammation to points not accessible or dangerous, or that may make your patient a cripple for life.

Thus the palmar fascia is so tense that unless an opening is made early the pus burrows beneath the tendons into the wrist, contraction of the tendons ensues and deformity results. The cervical fascia by its tenseness may hold collections of pus until its action may destroy the coats of the carotid artery and internal jugular vein or the vagus nerve, or the pus following the fascia may be found eventually in the pleural cavity.

The importance of knowing the position of the tendons with accompanying muscles is well shown in the various forms of spurious anchylosis and talipes. To divide the tendons for the relief of these conditions we must know not only the direction and insertion of the tendons, but the nerves and blood vessels to be avoided in their division.

Many vertebra serve as landmarks, indicating the position of internal organs and vessels. The third cervical points to the opening of the larynx and the bifurcation of the carotid artery. The fifth is a guide to the beginning of the trachea and œsophagus, and the interval between the fifth and sixth corresponds to the cricoid cartilage, which is prominent and can always be felt however fat the individual. Under this is the point in the œsophagus where foreign bodies usually lodge. The cricoid cartilage also is a guide in tracheotomy, as but seven or eight rings of the trachea intervene between this point and the sternum, and the distance is rarely more than one and a half inches. The third dorsal vertebra marks the bifurcation of the trachea, in front the bifurcation is on a level with the junction of the first and second bones of the sternum. The spleen in health is placed between the ninth and eleventh dorsal vertebra, and on a level with the eleventh is the upper portion of the kidney. The lower border of the kidney is on a level with the third lumbar vertebra. On a level with the second lumbar vertebra may be found the termination of the duodenum, the opening of the ductus communis choledochus, commencement of the thoracic duct, origin of the superior mesenteric artery and termination of the spinal cord. The vertebra can always be counted by rubbing briskly down the back, the spines will then show as bright red spots.

But enough. I do not desire to tire you with a recitation of numerous cases illustrating the value of applied anatomy, but only wish to freshen your memories with a few points on a subject which I fear we too often give too little attention.

## The Treatment of Heart-Failure from Chloroform.

The *International Medical Magazine*, July, 1892, quoting from a German journal, gives Maass's description of a method in use at the Gottingen Clinic by which the heart can be made to resume its action after apparently fatal paralysis from chloroform. Rapid impulses are given to the region of the heart by the hand of the surgeon, as many as one hundred and twenty a minute. The operator stands at the left side of the patient, laying his right hand on the left side of the chest, and placing the ball of the thumb half-way between the apex beat and the sternum. The left hand is applied to the right side of the chest and steadies. The rapid compressing motions are made with the right hand. Two patients have been revived by this method perseveringly applied for half an hour or more, after their restoration seemed hopeless. Heart contractions ceased whenever compression was interrupted, though shallow respirations continued spontaneously.—*Medical Record.*

# SOCIETY PROCEEDINGS.

## Kansas Medical Society (Continued).

(Report of section on Ophthalmology and Otology.)

### ADDRESS OF PRESIDENT G. A. WALL.

"*Gentlemen:* It is certainly with much pleasure that I greet you, as members of this section, at this our second annual meeting. One year of separation has passed away and we meet again to exchange ideas of thought on the subjects chosen by us for our life work and study. Our yearly meetings are not solely instructive, but they serve to provide us with a few days of recreation from all the arduous and weighty cases of a medical practice. A diversion from our professional work, a relief, and I may say without contradiction, a very agreeable relief from the mental strain incumbent upon the busy physician, who is always more or less worried about some serious case. So let us all at this meeting endeavor to become better acquainted with one another, and each one try to contribute his might towards the sum for professional advancement, pleasure for mental profit and enjoyable association.

"Two years ago it was found necessary to divide the society into sections, the reasons being that the society was so large and the standard of the papers read so high that sufficient time could not be given them for a thorough discussion. And the Kansas physician, like all other things in this state, is progressive. He was not long in finding out that not in the paper read, but in its thorough discussion was where we gained useful information. By this we take small but important points which may have been touched but slightly upon in the paper, and again it may bring to mind some important point that was entirely forgotten, and therefore it is absolutely important to thoroughly criticise all papers as may be deemed necessary. Under the old order the time was so limited that this could not be done. Again we have a better class of papers because we really have four assistant secretaries to obtain material where before one was compelled to do it all, which was certainly a great task. Again by the sectional arrangement each one may not be compelled to be always on the lookout for some paper in which he may be interested being read when he is away, not wishing to sit around and listen to some papers that are of no direct interest to him. All papers read in the sections are of interest to some and of none to others. At present our sectional arrangement would seem to be an assured success. While our section labors under the difficulty that there are only a limited number of men in the state who practice these branches to the exclusion of all others, it is easily understood how much labor it is to get a good program.

"I would solicit any of the physicians who may feel at all interested in the eye, ear, nose or throat to prepare papers and read them before our section, as there are often times when a small bit of knowledge of the diseases of these organs will certainly become of great use, and they can certainly gain the necessary knowledge more readily from attention to one of these section meetings than by reading an extensive treatise on the eye, as in all of them there are certain parts which are of no use except to read and think over.

"The meeting of last year was a decided success, as the papers read were of high grade and showed studious and careful preparation and observation, and their discussion was extensive and thorough.

"Our program for the present year is also an excellent one, and I hope to see interest manifested and hear it well discussed as it deserves, for I can assure you it is no easy task to prepare a program for this section, as I learned by experience.

"Before concluding, I would suggest that this section require all papers read before it to be referred without motion to the publishing committee, said committee to be appointed at each session by the chairman. This saves much time, which can be used in discussion.

"In conclusion, I wish to thank the secretary for his efficient services in securing

such an excellent program, and I also desire to thank the section for the honor bestowed upon me in electing me its chairman. It is needless to say that I wish you all a pleasant and profitable session.

"Feeling that all the time possible should be given the discussion of papers, I have made my address as brief as possible."

Motion by Dr. Guibor to receive and adopt the report and suggestions embodied therein was carried.

ELECTION OF OFFICERS.

President.—Dr. McVey.

Secretary.—Dr. Graves.

Report of two cases of Glioma, by Dr. Longenecker.

DISCUSSION.

Dr. Fryer.—"We are all interested in these cases and all meet them. It is very important to do early operations for removal, as they are the worst form of malignancy. In many cases they appear without traumatism. When the orbit is involved, the orbit should be emptied at once, not only in the cases of glioma, but of melano sarcoma." Reported a case where an operation was done, but orbit not completely emptied and there was a return of the growth. These cases require prompt action, though it is often hard to get consent. They spring from the granular layer of retina.

Dr. Minney.—"Had one case in which the eye was destroyed and globe ruptured. It was very painful. I removed the tissue, and as it had involved the orbit, we removed as much as was possible. In this case we had excessive secondary hemorrhage. We thought the man might have lived three years, but he died of metastatic trouble in liver."

Dr. Tiffany.—"These tumors are not painful in the early growth and till there is tension. They grow very rapidly and are very malignant."

Dr. Fryer.—"In regard to the hemorrhage Dr. Minney speaks of: It is frequently alarming when you get back in the orbit to the ophthalmic artery, and I usually go prepared with galvano cautery or thermo and push it well down into apex of orbit and stop the hemorrhage."

"How a General Practitioner May Treat Atrophic Rhinitis," by Dr. Foster.

DISCUSSION.

Dr. Fryer.—"In regard to the antrum diseases: I have found them very difficult to treat and not easy to diagnose. It is frequently best to withdraw a tooth, drain and wash out. In regard to application, I will call your attention to creolin five drops to one ounce vaseline. In many cases of chronic enlarged tonsils it has a wonderful effect. I think the doctor should have given more stress upon danger with douches. I prefer the use of vaseline in preference to alboline for coating membrane."

Dr. Minney.—"I think it would be well for mothers to be careful in using the same handkerchief. In regard to danger of douche: I have with strong pressure had pain and deafness caused in the ear. Menthol, camphor and alboline are satisfactory applications."

Dr. Graves' main treatment has been cleansing carefully, dull red heat, spray of oily substance; weak spray, not strong pressure. More danger of injury to ear with post nasal syringe.

Dr. Jewell.—"Do not think lanoline would be preferable to vaseline, as it is more readily absorbed."

Dr. Guibor.—"Lanoline is very tough and is usually used with lard, and we have found lard is as easily absorbed."

Dr. Longenecker.—"I prefer the solid vaseline for spraying than the liquid. The solid vaseline cannot be sprayed except when warmed, and this is a good thing."

Dr. Foster, in closing.—"In reference to antral disease I said that in many cases where crusts are not found the odor is due to accumulations in accessory cavities. I think as a rule these cases are adults, though I have had some cases of offensive atrophic rhinitis in children. Am not so much in favor of sprays. A probe with cotton often is better."

"Calcarious Formations in the Eye," by Dr. Minney.

DISCUSSION.

Dr. Fryer.—"I think there are true formations of bone in the eye, but the calcarious formations are deposits."

Dr. Longenecker.—"In some cases there has been previously a change, probably a fatty degeneration."

Dr. Tiffany.—"Have had several cases of bony formation where the lamella and lacunæ were well marked. The formations of the choroid are usually bone while those of lens are not."

Dr. Minney.—"I wished to distinguish between the formation of bone and the deposit of calcarious material. In the one, where we have a degeneration, the tissue cells are destroyed, while in the deposit they are not. The bone has vitality, the other has not. One is formed where there is dying or dead tissue in the inter-spaces. In one of these cases it was in choroid."

DISCUSSION OF DEVIATION OF SEPTUM.

Dr. Guibor.—"Deviations of septum show themselves after childhood. Atmospheric pressure comes nearer reaching my idea of the cause of these deflections than anything I know. In early childhood the nasal septum is thin. When one side is occluded, as the child breathes and swallows, there is rarification on the occluded side, and you get a mechanical pressure from air in the other side. Supposing this is true, we find we have an enlarged inferior turbinate body. It may be a partial hypertrophy or a congestion of the blood vessels. Why do we have it? The space is ordinarily one-eighth of an inch. If there is a larger opening, you are likely to have pharyngitis sicca. My idea is that nature has provided for a larger surface on this side for compensating for loss of secretion from narrowed side and for the enlarged space."

Dr. Minney.—"I think the increased irritation may cause the enlargement."

"What is the Safest Operative Procedure for the Extraction of *Senile Cataract?*" by Dr. Fryer.

DISCUSSION.

Dr. Wall.—"Eye surgery requires more skill with instruments than other operations. The best primary union is what we want to get. The doctor has struck the key-note of all the first-class operations of the country. Regarding the kinds of dressing, I use the same as the doctor, keeping the eyes bandaged for two days, and in a dark room, and do not restrict the diet to liquid foods."

Dr. Tiffany.—"Until recently I have made the iridectomy, but have since done it without, and it leaves a better eye in appearance and for vision. The physicians of Paris do not now do an iridectomy previous to an extraction of cataract. A great feature is the after treatment—dressing; the simple dressing with ahvesive plaster and flushing."

Dr. Minney.—"I have done six of the simple operations, and when I thought I had done an excellent operation I found in one case, on removing the bandage, the iris protruding. So far as the preliminary operation is concerned, where we have full control of the patient, I think it is the safer plan. In cases of cataract now I observe this rule: When I find after I have made the incision the iris beginning to fall toward the cut, I make it the rule to do an iridectomy, because there is danger of it falling into the wound. In regard to use of speculum, a great many use it in making the cut, then remove it. I have seen but one eye lost from the use of speculum. This was an operation by Dr. Bull, and from that time, when I have a trusted assistant to hold the lids, I do not use the speculum. As to the dressing, I still use the bandage. When the dressing is light the patient is liable to injure the eye with the hand or something striking it. One of my cases struck his eye with his fist during sleep and complained of much pain from it. I think the iridectomy is safest for me and the other is not as easily made."

Dr. Longenecker.—"There is no doubt of the unanimity of the profession on the coming ideal operation for extraction as the simple operation for selected cases. I believe they will all have exception. It is a question of saving the eye more than the amount of vision. If it is the safest for the

worst cases, it must be for all cases. As to a preliminary iridectomy, I believe it will give the patient more chances if we have the control and can persuade the patient to permit the two operations. As to dressing, I feel much safer in having a bandage. A woolen bandage, but next the eyes linen greased with vaseline and cotton, held by strip around chin and one over back of head. The bandage and dressing over both eyes keep lids from moving and aids support of lids to the eye. There is sometimes danger of the accident referred to by Dr. Minney. Have had an experience of this kind."

Dr. Graves.—"All the leading surgeons of the old country advocate the simple operation. Dr. Knapp makes the incision in upper portion of lens. He does an iridectomy when pupil does not readily dilate. If we can make a perfect incision which will leave no astigmatism and if we can remove all of the iris no trouble will follow. In my last operation I made a preliminary iridectomy for the purpose of hardening the lens."

Dr. Minney.—"In regard to the use of vaseline: Is there not some danger of the vaseline getting into the eye? The oil may prevent the ready healing of the wound. In regard to cut in upper portion of capsule, I notice Dr. Knapp does a very large per cent. of secondary operations and this is probably the reason. I aim to make the 'T' incision and I do not think we have to make so many secondary operations. I would like to ask if Dr. Fryer uses boracic acid or plain water for washing."

Dr. Tiffany.—"In regard to operating without iridectomy: I always use eserine, which prevents the dropping of iris. The operation of incising capsule alone assist the expulsion, though of course it usually requires a secondary operation. In regard to dressing: I fill the depression with cotton and hold with adhesive straps."

Dr. Graves.—"Would it not be well to put two stitches into cornea to prevent the prolapse of iris or collodion? Galezonsky uses a wafer, which he introduces under the flap to prevent this prolapse."

Dr. Longenecker.—"In regard to the use of vaseline, I only use sufficient to grease the cloth and not enough to get into the eye."

Dr. Fryer.—"I think none of us should do an operation in which there is any risk. If we were operating on a part of the body which is fixed it would be different. We can make as much pressure without the speculum as with it, on account of the mass of fat in the orbit. Dr. Knapp says the weak point of the simple operation is the prolapse. I have seen a number of the cases where prolapse followed the simple operation. This is avoided by an iridectomy and by a preliminary iridectomy it is reduced to a minimum. You have no less astigmatism because the pupil is left sound. It is not for the patient to say if we have a second operation. We should all stand up for what is best, and refuse to operate otherwise. In regard to dressing, Dr. Knapp used always to use the bandage, and he uses it occasionally now. In very warm weather the plaster will not stick. In regard to opening the lens, as Dr. Graves speaks of, I do not believe it is possible to open the lens near the equater without an iridectomy. In the simple operation you will bruise the iris or perhaps drag it through the wound in your delivery of the lens, and strip off epithelium from the iris, and you may cause an iritis. If you can then produce an iritis with the simple operation, you cannot run more risk with the iridectomy."

"Diseases of the Orbit," by Dr. Tiffany.

DISCUSSION.

Dr. Fryer.—"In regard to the skin grafting: I did an operation in which I placed a large graft in lower lid on the theory that when we implant healthy tissue in morbid tissue it will supplant the diseased tissue. I assisted in placing a large graft for epithelioma of nose, and there was no recurrence of the disease. I found Dr. Garrison had been dusting with the epithelium from horses, the idea being that there would be a new process set up and destroy the diseased tissue."

Dr. Minney.—"If those small epithelial cells will live, I think it would be better to

use larger grafts. I have had some experience in diseases of the orbit. One case of tumor, about the size of an almond, pressing the eye up. I simply removed it by pulling lid down and excising. A case of epithelioma of upper and lower lids and passing back, involving the periosteum, and I was satisfied the bone also. I advised him against an operation on account of the amount of tissue to be removed."

Dr. Graves.—"In regard to the skin graft, I understand the object was to destroy the morbid growth. Why would it not be a good idea to use the conjunctiva, if this is a true theory, in cases of malignant diseases? If skin grafts will do this, why not mucous membrane? The grafts of conjunctiva will live, I know, from cases I have seen."

Dr. Wall.—"A few weeks ago I saw a case of epithelioma of lower lid. I used pyoktanin and got good results. Have used it in other troubles, but did not succeed so well."

Dr. Graves delivered a paper on "Iritis."

## N. E. K. M. & P. Association.

The society met in the city hall, Wetmore, Kansas, Tuesday, August 2, 1892, at 2 P. M.

President Dr. P. R. Moore, of Effingham, in the chair.

Members present: Drs. Riggs and Martin, of Muscotah; Drs. Fitzgerald, Graham, Brown and Hyde, of Wetmore; Drs. Love and Northup, of Whiting; Dr. and Mrs. Jos. Haigh, of Grenada; Dr. and Mrs. L. P. Paddock, of Netawaka; Dr. Troughton, of Seneca; Drs. Farrar and Ferguson, of Atchison; Drs. Sheldon, McClintock and Magee, of Topeka; Mr. D. S. Graham, of Wetmore.

Dr. C. S. Ferguson, of Atchison, graduate of Jefferson Medical College, 1889, was admitted to membership.

Board of censors.—Drs. Fitzgerald and Sheldon.

Dr. J. E. Love read the opening paper on "Hydrophobia," which was published in the September number of this journal.

Dr. Sheldon opened the discussion with the query: "Are these true typical cases of hydrophobia? Here the period of incubation has been seven years. Ought there not have been some local manifestations before that time? In order that there may be infection, there must be necessarily an abrasion. In this case there was, in all probability, an abrasion of the hands through which the saliva was absorbed."

Dr. Magee.—"When a rabid animal bites one or more persons, it should not be killed, but be allowed to live long enough to be positively assured that it was rabies or not that was wrong with the animal. If any uncertainty exists in the mind of the bitten person as to whether the animal had hydrophobia or not, and all means of knowing is cut off after the animal is killed, it gives room for life-long anxiety and mental worry."

Dr. Riggs.—"I accompanied the boys mentioned in the paper to Kansas City. On the way there they had convulsions. Thought they were simply due to nervous excitement."

Dr. Troughton.—"Six years ago a mad-dog craze swept over my community. A boy was bitten by a rabid dog on the thumb. I tried to dispossess the boy's father's mind of the fact that it was hydrophobia at first. I gave the boy internally iodide potassa and applied chemically pure lactic acid locally. The thumb sloughed and the boy recovered."

Dr. Graham.—"A few years ago a gentleman in my practice was bitten. Showed no signs of rabies. A few years later a mad-dog scare came over the country. He studied and thought the matter over, remembering that he had been bitten, and in a few days began to growl, snap and bite like a dog. He was taken to a distant town, a mad stone applied, and he recovered."

Dr. Paddock recited a case of hydrophobia to which was applied a mad stone and cured. Thinks there is equal virtue in the common, ordinary stone found in the brooks or a section of deer's horn if sufficient faith be used. The doctor thought the disease would be more rightly named if called mortophobia instead of hydrophobia.

Dr. Fitzgerald also reported a case cured by the application of a mad stone.

Dr. Riggs thought it would be no laughing matter with us if we were bitten. That we would all rush to the mad stone and try its virtues no matter how little faith we might have in it.

Dr. Farrar thought the symptoms of hydrophobia resembled very much those of tetanus.

Dr. Haigh.—"The word hydrophobia literally means fear of water. Thought the second case reported by Dr. Love simulated hydrophobia. The influence upon the nervous system is a potent factor. Place a person upon a bed upon which a cholera patient has died, and he will die of cholera. Cauterization of the bitten surface is very bad practice. You seal up the wound and prevent the outward escape of the poison. Do not cauterize; a better plan would be to poultice."

The next paper was on "Dysentery," by Dr. S. E. Sheldon, which was published in the September number of this journal.

It was fully discussed by Drs. Haigh, Troughton, McClintock, Magee, Graham, Riggs and Paddock.

A number of clinical cases were brought before the society and examined.

The society adjourned for supper, after which Dr. Troughton read an interesting paper on "Anti-vaccination," which was warmly discussed by Drs. Farrar, Fitzgerald, Graham, McClintock and Sheldon.

Whiting was selected as the next place of meeting. Second Tuesday of October.

Committee on program, consisting of Drs. McClintock, Troughton and Brown, made the following report for our next meeting:

Treatment of Infected and Contused Wounds.—Dr. M. C. Farrar, Atchison.

Etiology and Complications of Indigestion.—Dr. Jos. Haigh, Grenada.

Modern Methods of Treatment of Gastric and Intestinal Indigestion.—Dr. D. F. Fitzgerald, Wetmore.

Uterine Displacements.—Dr. P. R. Moore, Effingham.

Antipyretics.—Dr. J. W. Graham, Wetmore.

Management of Injuries of the Elbow Joint.—Dr. K. P. Northup, Whiting.

Respectfully,

R. S. MAGEE, M.D.,
*Secretary.*

## The Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in Lincoln Post hall, Tuesday evening, September 6, 1892.

President Dr. Lindsay in the chair.

In the absence of Dr. W. E. McVey, Dr. R. S. Magee was appointed secretary pro tem of the meeting.

Minutes of last meeting read and adopted.

Present: Drs. Ida Barnes, A. C. Davis, J. W. Donaldson, J. L. Gilbert, S. C. Ayres, J. C. McClintock, M. R. Mitchell, Conger, R. E. McVey, J. E. Minney, J. P. Lewis, D. R. Pelton, T. W. Peers, S. G. Stewart, J. H. Cannon, D. F. Rodgers, R. S. Magee, W. H. Warner and G. A. Boyle, of Miami county.

Medical students: Smith, Gundry, Going, Noggle, Minney, Batty and Frankenburger.

Dr. D. F. Rodgers read a paper entitled "Surgical Applied Anatomy." See this number of journal, page 741.

DISCUSSION.

Dr. Lewis.—"The paper is an epitome of valuable anatomical facts. If remembered would be of service to the physician. The paper is, as it was intended, a stimulus to closer reading and study of our anatomy."

Dr. Magee said the laryngeal cough, resulting from probing the external canal, was due to the fact that a branch of the pneumogastric nerve, called Arnold's nerve, supplies the external canal. An irritation is conveyed along this branch to the trunk, thence down and up the recurrent laryngeal from the bifurcation of the aorta.

Dr. Rodgers, in closing, said that the object of the paper was intended as a stimulus to closer study of anatomy. The tendency of the physician is to unload the trouble on the sympathetic without ascertaining the

real cause. Whereas, if a definite and accurate knowledge of the anatomy of the parts were known, the cause of the trouble could be determined readily. No surgeon should undertake an operation, no matter how simple, without first making himself fully acquainted with the anatomy of the part and its surroundings—to know just what and where he is going to cut.

Dr. Magee reported a case of "Cerebral Abscess." See report of case, page 731, in this number of the journal.

DISCUSSION.

Dr. Donaldson said the case was one of the worst cases of suppuration of the middle ear he had ever seen—extremely offensive. The discharge was so copious that when the dry powders were put in the ear they were washed away in very short order. He complained of vertigo in 1890, the time at which I treated him. I however succeeded in stopping the discharge. I thought I discovered a portion of necrosed bone in the bottom of the ear at this time. I douched this denuded spot with a ninty-five per cent. solution carbolic acid from a probe.

Dr. Pelton.—"Trouble of the middle ear is a frequent source of abscess of the brain by extension. Was called to see a case in consultation; suffering from ear trouble. Found the patient comatose. Friends objected to operation. Don't think at that time it would have done any good. Think he had a cerebral abscess. The upper portion of the middle ear cavity or roof is covered with the thinnest portion of plate of bone, and here suppurative trouble can easily break through to the brain, hence the danger of allowing discharging ears to continue. He would suspect abscess in the temporo-sphenoidal lobe to interfere with the sense of taste and smell. The motor paralysis is the last to become manifest when the lesion is thus located."

Dr. McVey, Sr.—"Dr. Magee did not state to what the vertigo was due. From the location of the abscess it would appear to have interfered with the semicircular canals of the labyrinth, which in all probability have to do with the maintenance of the body equilibrium."

Dr. Rodgers.—"I cannot see how a clear and accurate diagnosis can be made of abscess in the temporo-sphenoidal lobe, only by exclusion. It is almost entirely devoid of symptoms. We know what symptoms to expect from abscess in other parts of the brain, but here there are no prominent or leading symptoms."

Dr. McClintock.—"Abscess of the brain is usually due to traumatism of the scalp, skull and cortical substance of the brain. When they are located here they are easily diagnosed by the symptoms. Not so easily done elsewhere. Headache is a very important symptom in these cases. It may be relieved by drawing off a quantity of blood—relieving pressure. I believe that the fact of the respiration ceasing suddenly in this case would point to the trouble being in the temporo-sphenoidal lobe."

Dr. Minney.—"The trouble evidently was due to extension of the disease from the middle ear to the brain. The symptoms can all be easily accounted for by simple pressure in the brain and not pus formation; hence how easily we can be misled. The odor of the breath was deceptive. It would probably be the safer plan to explore with the hypodermic needle before trephining for pus in the temporal fossal. The malarial fever of which the patient spoke was a misnomer; it was pus formation. During the last year I have noticed that the reports of cases of operative procedures for cerebral abscess have been largely fatal; thrombus a common origin. La grippe is a frequent cause. I am a little skeptical to the fact that the vertigo is wholly due to an interference with the semicircular canals."

Dr. Lindsay.—"It is wonderful the extent to which the brain may be injured and yet life maintained. Brain surgery requires a judicious amount of boldness, not rashness. The brain can be safely explored. Wherever pus is present, if at all possible, it should be drained."

Dr. Magee, in closing, said that with the enormous quantity of pus present if an attempt had been made to drain it the brain

would have collapsed and death would have been the immediate result. As it was, there was no censure from the friends. St. John Roosa, in his late work on the ear, says: "Most of the searches for the pus in abscess of the brain would probably result in failure. I have myself failed in the one case in which I attempted it." The lesson which comes home to us all is that no patient should be allowed to go unwarned concerning the danger that exists from neglect of a discharge from the middle ear.

Dr. McClintock introduced the following resolution as to change of time of meeting:

"*Resolved*, That the by-laws be so changed so as to read the first Wednesday of each month instead of the first Tuesday."

The secretary was instructed to notify the members that action relative to such a change as well as place of meeting would be taken at next meeting.

Dr. Conger was invited to prepare a paper on the "First Treatment of Crushing Injuries to the Hand in Railroad Surgery."

Dr. J. L. Gilbert was invited to prepare a paper on "Lacerated Tendons and Muscles."

Adjourned.

R. S. MAGEE, M.D.,
*Secretary pro tem.*

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HOMANS defines uterine fibroids as aggregations of normal uterine tissues in abnormal situations and masses. He says that operations are rarely necessary, and among the indications for operations are hemorrhage when it threatens life, when unbearable from weight, when they cause serious pain and interfere with the digestion or circulation, obstruction of bowels, or when the pedicle becomes twisted.—*Brooklyn Medical Journal.*

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### Ratio of Physicians to Population.

Sweden, 1 to 7,000; Italy, 1 to 3,500; Germany, 1 to 3,000; Austria and Hungary, 1 to 2,400; France, 1 to 2,000; United States, 1 to 600.—Dr. Willard in *Medical News.*


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TOPEKA, KANSAS, OCTOBER, 1892.

### Cholera.

Asiatic cholera is generated or propagated amid the filth, moisture and heat of the great fairs and festivals of Hindoostan, and more especially at the festival of Jugurnaut or Vishnu, the god of this world, where a million of people, foot-sore and way-worn by long travel from all parts of India, in the hot and rainy month of July, revel in unsanitary conditions inconceivable to civilization. From one-tenth to one-sixth of the worshipers never again reach their homes, and those returning scatter the disease through all parts of India, and, in favoring seasons, to the distant shores of the Red, Mediterranean, Black and Baltic seas, to be shipped thence to all parts of the world, occasionally halting and rejuvinating the scourge, as at the great Mohamedan festivals at the wells of Zem Zem, near Mecca, where Hagar and Ishmael found the water that sustained their lives, and where, with the thousands of pilgrims, the squalor is

second only to that of the worshipers of Vishnu.

Various theories as to the cause and condition of cholera have at different times obtained credence, but the present concensus of scientific opinion is that it is born of filth and can only become epidemic or endemic where there are unsanitary surroundings.

Let us condense what is known of the disease into a few propositions:

1. Cholera is an infectious disease produced by a specific organic poison generated and propagated amid the unsanitary conditions of the great festivals of Hindoostan.

2. The infectious materies morbi is generated in the alimentary canal and propagated through its discharges.

3. It only goes where it is carried, and only spreads amid unsanitary surroundings.

4. Its spread is hardly possible without warmth, moisture, generally unsanitary conditions and an alkaline brooding place.

5. In a proper nidus and a temperature favoring decomposition its period of incubation is from one to three days.

6. This period is manifest by the presence of certain bacteria (comma baccillus) which appear at the end of the period of incubation and disappear with morbific activity.

7. If the materies morbi is dried during the period of morbific activity, and preserved in the dry state on clothing or other articles, whether the active poison is a living germ or the matter in which it broods, its possibilities are preserved indefinitely, and it may be carried indefinite distances, but on entering the human stomach through the mouth or nose its activity may be renewed.

From the above propositions there follow certain rational deductions.

1. Cholera can be kept out of any community.

2. If it gains admission it is through faulty management.

3. If it gains admission it will not become epidemic unless it finds conditions favorable to its development.

4. If these are permitted to exist, some one is to blame.

5. It is clearly the duty of the authorities in every city and village in America to see that it is made and kept practically aseptic, and of every citizen to render efficient help, and of the physician, who is the guardian of health, to give encouragement by word and act.

The work of cleansing should begin with the public carriers that bring to us the scourge. How many of the water-closets on our cars and steamboats reek with foul odors, and make their deposits all along the line of travel, and at how many railway stations is the commode a disgrace to civilization! All resting places for emigrants and travelers, tenement quarters, every street and alley, out houses and sewers, and everything about the private homes should be cleaned and purified with appropriate disinfectants. Among the best and cheapest of these is sulphate of iron, which is not only antiseptic, but deodorant, decomposing sulphureled hydrogen, precipitating sulphide of iron. It is also decomposed by amonia, the oxide of iron, a powerful ozonizing agent, being precipitated. It also persistently attacks and oxidizes organic matter, reducing it to a sulphide of iron.

As there have been various theories of cause and pathology, whether more or less rational or only the vagaries of excited imaginations, treatment has covered a wide range, and as many persons, regardless of theory or practice, have perished, from one-third to one-half the well-developed cases, empiricism has thrown half the materia medica into the alimentary tube only to see it escape unchanged and without improving the patient.

Seeing the life rapidly escaping through the exhalents, they have been plied with every available astringent, but have persistently refused to respond, while the equally insensate absorbents have refused to appropriate medication. No bile being manufactured and no urine excreted, liver and kidneys have been plied with cologonges and diuretics, and found as dead to all impressions as the exhalents and absorbents, while the lungs were incapable of oxidizing a circulation that had lost its power of oxidation.

The power that supports and directs organic activity has been dethroned, making

all appeals to its agents vain. The salient point of medication is the nervous system, especially that portion impressed by the poison. Render it insensitive to the choleraic poison or sustain its activity until it can be destroyed, removed, or has run its course, with little help the organs will resume their functions and life flow on in its accustomed channels.

Briefly glance at the symptoms, pathology and treatment of cholera.

The outbreak is usually preceded for a short time by more or less general and severe derangements of the alimentary canal. To this anticedent the French have given the name of *cholerine*. An unusual number of people complain of such symptoms as deranged digestion, furred tongues, languor, weakness, colicy and neuralgic pains, nausea, diarrhœa, etc. These conditions are easily relieved, but if neglected may develop all the symptoms of epidemic cholera. In two or three days a few marked cases occur, usually among those of irregular and depraved habits and at some unsanitary point. The epidemic now develops rapidly, and for a short period attacks all classes and ages within its reach. It soon runs its course at the point where planted, and is followed by the same easily-managed symptoms that marked its onset.

The attack usually follows some imprudence in eating, drinking or exposure, and often begins in the small hours of the morning. While the well-developed disease is usually preceded by lasitude, vertigo, pains in back and bowels, palor, feeble pulse and occasionally rigors, and often with nausea, vomiting and painless purging, in some cases, with few or none of these premonitory symptoms, the patient sinks rapidly into collapse. The characteristic ejections and dejections have no mark of bile, and resemble rennet whey, watery gruel or rice water. After standing a short time they separate into a colorless fluid and particles of feculent and insoluble matter, much of it disquinected epithelium. There is suppression of urine, and that passed at the beginning of and after the stage of collapse contains albumen and an excess of uroxanthin, while there is marked diminution of the chlorides. Cramps in the extremities commence before collapse; after its occurrence they are usually terrific, and probably due to accumulation of nervous fluid in the nerve fibrils — nervous phlogosis. The sweating is profuse. The skin is cold, shrunken, especially at the extremities, and of a leaden hue. While the temperature of the body is often reduced much below the normal, there is a sense of burning, especially in the stomach and bowels. The mind usually remains clear until death closes the scene. From the beginning to the end the depression and sense of exhaustion are extreme. The *pathology* of the disease is somewhat obscure. Where death occurs suddenly, without the ordinary symptoms, a post-mortem does not reveal any pathological expressions.

When the disease has run its ordinary course, and the patient seems to have died from having thrown into the alimentary canal the fluids that enabled the blood to circulate, the arteries are empty and the veins contain only a thick, tarry-like mass of shrunken blood corpuscles. The intestinal mucous membranes are covered with a whitish coating and the exhalents filled with a thick and viscid material; fibrine and albumen often stained with hæmaglobin, while viscid albumen and fibrine often coat the serous and bronchial surfaces. The spleen is usually dark and shrunken. During life there is an ever-increasing loss of the fluids of the body, and the blood soon becomes incapable of oxidation, the circulation at the extremities ceasing long before life is extinct. Secretion from the glands cease not only because the fluids have passed away through the exhalents, but from lack of nervous enervation. From loss of fluidity in the blood the body loses its normal warmth and plumpness.

What change the nervous system undergoes we do not know, but the symptoms begin and end with intense nervous depression. Nervous shock in some cases being the only symptom.

Precisely *how* the effect is produced is problematical. The poison is certainly a most

powerful sedative, producing death in those of special susceptibility or when sufficiently concentrated without secondary symptoms. In the milder cases throughout its action there is paresis of the nerves that control exhalents and absorbents, and the vomiting and purging is produced on the theory of Chambers: "A correct pathology must look upon vomiting as a lowering of the vital powers as an atony of the digestive tube and its appendages." (See *Indigestions.*) H. C. Wood says: "The peripheral ends of the vagi in antimonial poisoning are more or less completely paralyzed." Stomach, heart, lungs and heat-producing centers are more or less anæsthetized—paralyzed.

So in very large doses of arsenic death follows promptly without secondary symptoms, and Prof. Virchow (*Archives*) called attention to the resemblance of the lesions to those of cholera. In the examination of a cadaver he found the bowels filled with "rice water," epithelial flakes, and the fungus considered as peculiar to, if not the cause of cholera, and the epithelial cells of the mucous membrane choked with granules, the interstitial tissue full of large, round granulated cells, and the solitary and agminated glands much swollen. Frothergill says: "The now generally acknowledged starting point of the pathological processes in cholera is spasm of the pulmonary arterioles." Suppose it is; what pathological process precedes and produces the spasm?

The muscular spasms, especially those of the extremities, are doubtless due to irregular enervation and the terrible pain of the cramps to local accumulations of nervous fluid.

The prognosis depends upon the vigor of the patient, the intensity of the attack, the sanitary surroundings and the stage at which the case is seen, but no case is utterly hopeless until life is extinct.

In treatment we must remember that in the earlier stages of an epidemic the disease is easily managed, and as the same is true at its close, there has sometimes been an impression with those who often fought and lost during the heat of the battle that they had made valuable discoveries. We remember an old physician in the epidemic of 1853 who at its close used ice in heroic quantities, remarking: "If I had known its efficacy earlier I could have saved many lives."

In all our treatment we must constantly bear in mind that *an alkaline medium is necessary to the development of cholera.*

There must be an alkaline condition of the alimentary canal, probably an alkaline dyspepsia incident to unsanitary surroundings, to insufficient or improper food, to excesses in eating, drinking, etc., to prolonged vigils, excessive anxiety or fear, to over exercise or sudden depression of the bodily temperature; hence the use of acids have been found most positively preventive and curative.

We must also remember that the exhalents pour into the alimentary canal the fluid contents of the body, the absorbents fail to act, and the functions of the glands cease largely because disabled through nervous shock and lack of innervation; hence we must strive to relieve the sense of shock and arouse nervous activity.

A personal experience in a sudden attack, following an anxious night spent with cholera patients in 1853, is that the sense of depression is extreme and abiding, and that in the sudden onset of the disease there is a felt sense of the description given by Aretæus, in the year 50, A. D.: "The juices of the whole frame seem to be carried by a retrograde motion into the œsophagus, stomach and bowels." And a professional experience in the epidemics of 1849 and 1853 noted an intense nervous depression present in every case.

Instead of seeking to constringe exhalents and stimulate glands that are insensible to impressions. While we provide an acid condition in which the poison is destroyed or fails to act, we must prevent its impress upon the nervous system and arouse the insensate nerves.

Acids, as sulphuric acid lemonade, chloroform and allied agents, and the most powerful nervous slimulants are our most efficient armamentarium.

Relieve the thirst by small and frequent draughts of *hot* water, and keep up bodily

warmth by hot applications, embrocations and frictions, and overcome muscular spasm by friction and massage.

Among the agents favorably noticed are chloroform, chloral, ten grains to the ounce, hypodermically, spirits nitrous and sulphuric ether, turpentine, cannabis indica, belladonna, etc.

We have seen a patient apparently in articulo mortis rally under venous injections with saline solutions, *a la* MacIntosh; but all treatment should be instituted with the earliest symptoms, and in these stages an egg emulsion of camphor and chloroform, with a few drops of laudanum, if required, is excellent.

℞

Camphor.....ʒ ij
Chloroform.....ʒ i

M. Ft. emulsions with the yolk of one fresh egg and gradually add sufficient distilled water to make a four-ounce mixture.

Sig.: A teaspoonful *pro re nat.*, or—

℞

Camphor .....
Menthol.....aa..ʒ ss
Chloroform.....ʒ ij

Mix and gradually add sufficient alboline to make a four-ounce mixture.

Dose: A few drops in a little water with two or three drops of laudanum if required.

Every traveling man and every family, avoiding all patent nostrums, should keep constantly some such mixture, that it may be taken while their physician is being called. Finally; the government should promptly refuse landing to ships laden with stricken immigrants from cholera ports. How promptly would a herd of cattle with Texas fever be turned back. Is not a man worth more than many cattle. American civilization may be able to humanize and utilize a large amount of European pauperism, but it is time we forbid other nations dumping their lazzarettos and lazaroni upon our shores. SCHENCK.

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THE Kansas Medical College began its third session September 20th in its new rooms with a good class.

## Incompatibility of Exalgine and Salicylic Acid.

Dr. Parel (*La Medecine Moderne*, June 16, 1892; *Repertoire de Pharmacie*, June 10, 1891,) of Dieppe, had the occasion to prescribe to one of his patients suffering from typhoid fever, accompanied with a rebellious and violent headache, *cachets* containing exalgine and salicylic acid, and noticed that when these substances were mixed in a mortar, the mixture assumed the consistency of a soft paste, this liquefying shortly afterwards. Combinations, therefore, of salicylic acid and exalgine should not be prescribed in *cachets*, or in any other form, together. The same phenomenon, however, was not observed when the salicylic acid was substituted by the salicylate of sodium.—*Therapeutic Gazette.*

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THE joint session of the State Line and Republican Valley Medical Associations will be held at Concordia, Kansas, Tuesday, October 4, 1892, at 11 o'clock A. M.

PROGRAM.

Boil—briefly.—Dr. N. Udell, Concordia, Kas.

Report of a Case of Puerperal Peritonitis.—Dr. Moffitt, Superior, Neb.

Radical *vs.* Conservative Treatment of Salpingitis.—Dr. M. B. Ward, Topeka, Kas.

Why Physicians Should Dispense their own Prescriptions.—Dr. W. C. Bower, Lebanon, Kas.

Carcinoma of Temporo-Malar Region—Dr. G. N. Lowe, Randall, Kas.

Report of a Case of Traumatic Cataract.—Dr. R. S. Magee, Topeka, Kas.

Malaria—Its Forms and Complications.—Dr. W. G. Haning, Belleville, Kas.

Opportunity will be offered for voluntary papers, reports of cases, discussions, etc., and a profitable time is expected.

DR. J. F. BRADSHAW, *Secretary*,
Superior, Neb.

DR. S. C. PIGMAN, *Secretary*,
Concordia, Kas.

## The Elimination of Creosote.

In a careful study of the elimination of creosote after rectal and hypodermic administration, Imbert (*Bulletin Generale de Therapeutique*, June 15, 1892,) arrives at interesting results. The drug is eliminated as the sulphate of guaiacol and creosol potassium sulphate, but just where the change occurs is difficult to determine; in any case it does not take place entirely in the liver, as has been said, since the change occurs when the drug is injected subcutaneously or by the rectum, and it probably takes place in the tissues themselves. After subcutaneous injections of three grammes of creosote dissolved to the strength of ten per cent. in oil, .90 gramme was discovered in the first four hours, .91 in the second four hours, .16 in the third four hours, .05 from the twelfth to the sixteenth hour, and a trace up to the twenty-eighth hour, after which no reaction could be obtained. It could be detected thirty-six hours after the injection of two grammes, showing conclusively that the larger dose did not lengthen the time of elimination. There would be, therefore, no advantage in administering large doses, the object being rather to keep the drug in constant contact with the tissues than to secure a copious elimination. After rectal injections of one gramme, .60 was recovered in the first twelve hours in one case and .54 in another case. The rectal injection of two grammes gave .96 recovered from the urine, a quantity superior to that recovered after the subcutaneous injection of a like amount. In both methods of administration the red reaction with potassium and chloroform was obtained in the sputum for the first twelve hours, but distillation never gave any of the products of elimination, showing that its elimination by the lungs is very small, and that its therapeutic value can hardly rest on this. No color reaction is obtained in any case in the sputum after twelve hours, while the kidneys continued to eliminate it for many hours. The use of large doses shows that relatively less was recovered after large than after small amounts had been used. It results from these studies that the rectal administration was much preferable, as being most convenient and easy to repeat frequently. The drug should be introduced every twelve or at least every twenty-four hours, and not every forty-eight or less, as is usually done by the subcutaneous method.—*Therapeutic Gazette.*

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THE fall meeting of the Eastern Kansas and Golden Belt Medical Societies will be held in Junction City, Kansas, Thursday, October 6, 1892.

PROGRAM.

3 P. M.

Report of a Case of Typhoid Fever with Complications.—Ida C. Barnes, A.B., M.D., Topeka.

Management of Fracture of the Femur.—A. L. Blesh, M.D., Lost Springs, Kas.

Report of a Case of Amblyopia.—G. A. Wall, M.D., Topeka.

7:30 P. M.

Exploratory Laparotomy—a Means of Diagnosis.—C. W. Adams, M.D., Kansas City, Mo.

Surgery of the Ankle Joint.—Geo. N. Lowe, M.D., Randall, Kas.

Discussion by L. J. Lyman, M.D., Manhattan.

Eye Work for the General Practitioner.—L. Reynolds, M.D., Horton, Kas.

Discussion by E. E. Hazlett, M.D., Abilene, Kas.

Intestinal Anastomosis, without Plates.—S. E. Sheldon, M.D., Topeka.

Discussion by L. J. Warren, M.D., Clay Center, Kas.

A few remarks on the use of Obstetrical Forceps in case of Impacted Breech, with Synopsis of Case—followed by Medico-legal Contest.—W. S. Harvey, M.D., Salina, Kas.

R. S. MAGEE,
J. N. KETCHERSID,
*Secretaries.*

## Prevention of Cholera.

STATE BOARD OF HEALTH,
TOPEKA, Sept. 15, 1892.

*To Local Boards of Health, Health Officers, and the Public:*

Asiatic cholera is to-day kept from our midst only through the excellence of our maritime quarantine service. The danger to us is imminent. If it does not eventually elude the vigilance which has thus far kept it at bay, it will be a fortunate exception to the usual history of the disease. In the event of its entrance, no place can be reckoned safe from its visitation, while those places upon the highway of travel, like our own state, by reason of the tide of emigration, will be especially exposed.

In view of the possibility of having to deal with this dread disease, either in the near future or during the next spring and summer, the State Board of Health deems it prudent to issue this circular, in the hope to secure such preparation as will place the state in the best possible condition to resist an attack. Should the disease actually appear in Kansas or any of the adjoining states, another circular will be published, giving more specific directions for dealing with it. It is hoped, however, that by the concerted action of this and other state boards of health, and by the general observance of the precautions recommended herein, the necessity for further instructions will be avoided.

To be forewarned in this matter should mean to be forearmed, also. The responsibilities resting upon state and municipal authorities in this emergency must be faithfully discharged if they would avoid harsh criticism in the future.

Cholera is an acute infectious disease, caused by a specific organic poison or disease germ, derived directly or indirectly from pre-existing cases of the same disease. It is infectious only in certain ways. It is not "catching" in the sense that small-pox and scarlet fever are said to be. To take the disease, one must eat it or drink it; the germ must gain access to the intestinal canal in a living state. It does not come from a mysterious epidemic constitution of the atmosphere, but in accordance with certain well-understood laws. Therefore, all unnecessary alarm may be avoided — only that salutary fear is desirable which will lead each individual to avoid and remove those conditions which favor not only cholera, but typhoid fever and other diseases.

Cholera is a stern teacher of the importance of public hygiene. "It is the world's great nuisance searcher," says a learned author, "as well as a relentless destroyer, silently invading and smiting the people that have left open the door for such visitation."

The worst outbreaks of cholera occur where the sanitary conditions are bad; where accumulations of filth and stagnant ponds are found; where the drinking water is polluted; where ventilation is neglected, and the people are overcrowded. These conditions undoubtedly furnish a fruitful soil for the reception of the special cause of the disease. Thus it is a "filth disease."

It is a mistake to suppose that the disease falls like a thunderbolt from a clear sky, and works wide-spread destruction irrespective of conditions or locality. On this point the cholera commission of the German Empire is full and explicit. "The most important part," says their report, "is played by the locality to which it is brought." Again, "It is spread more by infected localities than by infected individuals."

Doctor Shakspeare, of Philadelphia, in his report to the U. S. Government upon cholera in Europe and India, states: "The spread of the disease after its introduction into a locality is universally associated with contaminated water supply, filthy habits, and bad personal and domestic hygiene."

Cleanliness is its mortal enemy. This cleanliness can be secured only by vigorous, intelligent, and concerted action, and can be maintained only by unceasing vigilance. House to house inspections, by a resolute, impartial, painstaking official, detailed for that purpose, and supported by specific authority, duly conferred by ordinance, is indispensable. The supervision of this work should be entrusted to a board of health in

the larger cities, while in the smaller cities, towns and villages the appointment of a competent physician as health officer, to act with the mayor, would doubtless fulfill the requirements.

All measures of preparation should be adopted without delay, as in the actual presence of the disease such measures may not be effectively, even if safely, undertaken.

On the part of local health boards and health officials, the following essential precautions are earnestly advised:

1. Thorough sanitary inspection of every city, town and village.

2. The drainage of all stagnant ponds and low, wet grounds.

3. The careful cleansing and disinfection of all sewers and public drains, privy vaults, slaughter houses, pig pens, etc.

4. The destruction, entire and complete, of all accumulations of filth that may be discovered.

The markets should be inspected, with reference to the quality of the food offered for sale.

On the part of private citizens and householders, it is recommended that they make a careful survey and thorough cleaning up of cellars, barns and out-houses; of house drains, sinks, cesspools, privies and foul ash heaps; and, in short, the most scrupulous cleanliness both in and out of doors should be secured and maintained. All the preventive measures against cholera may be summed up in the words: Live healthily in healthy homes.

What has been said concerning the cleanliness of towns and private premises will apply with even greater force to railway stations, railway cars, hotels and similar places. Every one who is responsible for the sanitary condition of any building or apartment for the accommodation of the traveling public is urged to see that his charge is kept in the cleanest possible condition, and to have special care that all privies, water closets and urinals shall be regularly and systematically cleansed and disinfected.

The board desires to call the special attention of all individuals and communities to the great importance of looking with especial care to the character of their drinking-water supply, and the early adoption of such precautions as will insure its purity. It is in the drinking water that the germs of cholera most often enter the system; hence the necessity for examining the wells and other sources of supply without delay. The leakage of privy vaults and cesspools into wells is a matter of much more frequent occurrence than is generally deemed possible by owners. In case of doubt, the drinking water should be boiled before use. Similar care should be exercised regarding the ice and milk supply.

Avoid partaking of unripe, half-decayed or indigestible vegetables and fruit.

Finally, all that is suggested to be done herein will be a substantial gain to the public-health interests of the state, reducing the mortality from disease, even though we should fortunately escape a cholera visitation.

A very efficient method of disposing of much refuse, both of households and communities, is to destroy it by burning.

For purposes of disinfection, the commercial sulphate of iron (copperas or green vitriol) and the chloride of lime will be found cheap and efficient. These may be made into solutions in the proportion of 1½ pounds of the former and one-half pound of the latter to the gallon of water. In these proportions the solutions should be freely used.

This circular will be sent to local boards of health, health officers and municipal authorities as far as practicable. County health officers are requested to deliver a copy personally or by mail to the mayor of every city and important place in his county, and if possible have its contents, or a summary thereof, published in the newspapers of the county and otherwise given the widest publicity.

It is earnestly requested of all citizens that, as far as possible, they will aid the health and other officials to the extent of their ability in promoting the health interests of the people in this emergency.

By order of the board of health.

M. O'BRIEN, *Secretary.*

### Sulphur Dioxide as a Disinfectant.

Dr. J. H. Raymond weighed the evidence bearing on the value of this agent as a disinfectant, especially in cholera. It had been used as a disinfectant for three thousand years. But since bacteriological research had come to take so prominent a place, the questions of disinfection, antisepsis and deodorization had been studied more scientifically and their dividing lines drawn more exactly. The same disinfectant was not equally efficacious in killing the different varieties of germs.

Sulphur dioxide would destroy spirilla, while it proved a failure as a disinfectant for bacilli in that it would not destroy the spores. Koch had asserted that the spirillum of cholera was without spores, and although this was now being doubted by some, yet actual test showed that the sulphur dioxide, employed in the manner recommended by the American Public Health Association, was an efficient disinfectant against cholera germs carried in rags, etc. The author cited the experiments of Dr. H. M. Biggs, and concluded with saying that sulphur fumigation, while not replacing bichloride, carbolic acid, lime, could be used in conjunction with them, and where steam was inapplicable should be employed because of its power of diffusion.—*Medical Record.*

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### Uric Acid Diathesis.

We have received from the author, Dr. Biesenthal, of Berlin, a brochure on Piperazine. A part of the matter was previously published in the Berlin *Klinische Wochenschrift*, and of this our European correspondent gives a very clear and excellent review in another column. But a very important addition in the brochure is the contribution of the eminent Prof. Dr. Schweninger, who enjoys a world-wide reputation; the latter states that he has employed Piperazine in 150 cases, and after thorough investigation considers Piperazine "an enormously valuable addition to our treasury of medicaments." And further he states that most of his patients had tried all other remedies in vain, and then 90 to 92 per cent. were treated most successfully with Piperazine. He concludes: "For years I have treated many cases of acute and chronic gout, and employed all the various remedies, but with none have I achieved such success as with Piperazine." This is a strong and significant endorsement.—*Notes on New Remedies.*

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### The Medicinal Value of a Tried American Remedy.

Among the few modern synthetic chemicals, which may justly be termed true derivatives of the coal-tar series, antikamnia is intensifying its hold upon the confidence of the profession, so that now, as the statistics will show, it is prescribed in excess of any of the preparations of this class.

That this faith is justified in practice is evidenced by its unfailing remedial properties in rheumatism, sciatica, neuralgia, the pyrexia superinduced by sunstroke, hemicrania and la grippe (influenza and dengue); also all neuroses due to irregularities of menstruation. In antikamnia these properties are more speedily, more safely and more efficiently manifested than in any of the others.

Antikamnia is a true derivative from organic substances, and its widespread adoption by the profession has made it the basis of a market for the imitators.

After all, "imitation is the sincerest flattery."

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### Gleet.

I used Sanmetto in a case of gleet of seven years' standing with happy results.

C. N. SHELLENBERGER, M.D.,
Philadelphia, Pa.

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IF every "preparation" advertised in the medical journals had the merit of Fehr's Compound Talcum it would be a pleasure to prescribe and use them.

## Gonorrhœa.

[From the Medical Brief.]

In compliance with a request from a medical brother, I send you the formula I use in treating gonorrhœa in the male. But before proceeding with my favorite way of treating this disorder, I will give a formula which I have used many times with much success:

℞

Bals. copaibæ.....1 ounce.
Tinct. cubebæ.....½ ounce.
Salol.....84 grains.
Ol. gaultheriæ.....1 drachm.
Syr. acaciæ.....q. s. ad..3 ounces.

M. Sig.: Teaspoonful two hours after meals, three times a day. To be well shaken.

The above formula is the best I ever used, until I devised the following treatment:

℞

Lithiated hydrangea (Lambert).....4 ounces.

Sig.: Take two teaspoonfuls in water, with six drops of oil of gaultheriæ, three times a day, two hours after meals.

℞

Morph. sulph.....4 grains.
Zinc. sulpho-carbolate..40 grains.
Peroxide hydrogen.....4½ drachms.
Aquæ dest....q. s. ad...4 ounces.

M. Sig.: Use syringeful, after urinating, three times a day.

In writing for the above, I write three prescriptions, one for lithiated hydrangea, one for ol. galtheriæ, and one for injection.

I always instruct my patient to exercise great care, when using the syringe, to press the uretha with thumb and forefinger to prevent the fluid from being thrown too far back. A little caution right here will prevent the intense irritation that so commonly follows the use of the syringe, in causing irritation at the neck of the bladder.

In the hydrangea we have, par excellence, the remedy for the painful urinating, combined with the lithia, which is as pleasant a diuretic as is needed. The oil of gaultheriæ can well serve the same purpose as the balsam of copaibæ, while the injection will quickly exterminate the exciting cause.

B. FRANK PRICE, M.D.,
Braddock, Pa.

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"I HAVE a lady patient, a married woman, who had one child fourteen years old, a second child five years afterwards, and is now seven months advanced in her third pregnancy. She has suffered for more than twelve years from endo-metritis, as well as chronic indigestion. During eight months of her second pregnancy she never ate a full meal, and as a natural consequence the child was weak and helpless. The first half of this pregnancy, her health was wretched; since then I have been gradually building her up with tonics. Five weeks ago, fearing a miscarriage, I prescribed Ponca Compound. In a week the improvement was marked. She reported a day free from the slightest ache, pain or discomfort, the first in years. She has continued the use of Ponca Compound and is now in better health, and has a better appetite than since the birth of her first child. Also begins to hope for a strong, healthy child."

J. P. FEARRINGTON, M.D.,
Faison, N. C.

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THE Druggists' and Physicians' Exchange, recently started in Topeka, have already begun to do a thriving business. The gentlemen in charge are well acquainted with the needs of the men with whom they expect to deal. We bespeak for them the patronage of physicians desiring locations, etc.

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DR. S. M. MUTZ, representing Frederick Stearns & Co., of Detroit, called on us a few days ago and favored us with a few samples of the above firm's preparations. Our attention was called especially to a sample of cascara cordial, which we found most palatable and efficient. Dr. Mutz is an old resident of Topeka and we hope to see him frequently in his new line of work.